

Please refer to the Instructions
Filing Notification before
completing this form. The
information requested here is
required by law (Section 3010
of the Resource Conservation
and Recovery Act).



EPA

Notification of
Regulated Waste
Activity

United States Environmental Protection Agency

(For Official Use Only)

97-02-24-4

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NY 000029114

II. Name of Installation (Include company and specific site name)

WTC AUTO CENTERS INC

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

823 11 AVE & 56 ST

Street (continued)

City or Town

State

ZIP Code

NEW YORK CITY

NY 10019

County Code

County Name

061

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

823 11 AVE & 56 ST

City or Town

State

ZIP Code

NEW YORK CITY

NY 10019

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

BURKE

ED

Job Title

Phone Number (area code and number)

STORE MANAGER

212-582-2525

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

☒

823 11 AVE & 56 ST

City or Town

State

ZIP Code

NEW YORK CITY

NY 10019

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

ROBERT LICO

Street, P.O. Box, or Route Number

690 ORINOCO DR

City or Town

State

ZIP Code

BAYS HORE

NY 11706

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator

(Date Changed)
Month Day Year

516-665-7100

US EPA

Yes No

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
<p>1. Generator (See instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify _____</p>	<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter Deferral</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p>

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>ORIGINAL</i> <i>D. Lammert</i>	Name and Official Title (Type or print) <i>D. Lammert, VP</i>	Date Signed <i>2-1-97</i>
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



U.S. EPA
AGENCY RO II

97 FEB 21 AM 11:28

HAZARDOUS & SOLID WASTE
PROGRAMS BRANCH

DECEMBER 27, 1996

DEAR GENERATOR(S):

RE: UPDATED NAME ON EPA ID APPLICATION

PLEASE NOTE THAT THE EPA ID # YOU'RE USING AT THE PRESENT TIME WAS ORIGINALLY ASSIGNED TO A DIFFERENT COMPANY'S NAME AT THE SAME SITE YOU ARE NOW LOCATED.

PLEASE BE AWARE THAT THE ID # STAYS WITH THE ORIGINAL SITE ADDRESS, BUT YOU'LL HAVE TO UPDATE THE FEDERAL FILES TO SHOW YOUR COMPLETE NAME, SUB-ADDRESS (IF ANY) AND PHONE NUMBER. FILLED OUT SECTION B. SUBSEQUENT NOTIFICATION (COMPLETE ITEM C), THEN THE FORM SHOULD BE SIGNED, DATED AND MAIL TO THE:
US EPA, 290 BROADWAY, NEW YORK, NEW YORK 10007,
ATTENTION: JACK HOYT

WE THANK YOU IN ADVANCE FOR YOUR COOPERATION.

Myriam Valdes

MYRIAM VALDES
FRS SECRETARY

RE: MANHATTAN
LOCATION
Spoke to MYRIAM
1/23/97 3:53pm
my said 9.